

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-5450		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0880300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO. 14-5450			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE)	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN					IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH:	DAY	TIME: MILITARY		
CRASH OCCURRED ON					726 East Main		WITHIN THE INTERSECTION OF					3 29 14 SAT 2021	
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE			
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	Progressive 21410719				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Langford, Ricky					1668 Corwin Rd, Oregonia OH 45054								
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION				
513-934-0174		6/27/16	52	M			OH	RC781792					
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS							PHONE	
Langford, Libby					Same							513-934-0174	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
2002	Dodge	Truck	Grey	TK	OH	6DR7029		FROM TO					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO. OR AGENT	Gailo 4238-09-53-95				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS							PHONE	
Rice, John					1100 Thorny Ridge Trail, Lebanon OH							513-767-4709	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
2005	Ford	Focus	Tan	4+	OH	FLL8257		FROM TO					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m D Y		A B C D E F			5 B C D E F			
		PHONE				SEX							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m D Y		A B C D E F			5 B C D E F			
		PHONE				SEX							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m D Y		A B C D E F			5 B C D E F			
		PHONE				SEX							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			m D Y		A B C D E F			5 B C D E F			
		PHONE				SEX							
A	B	C	INJURED TAKEN TO			By			A B C D E F				
D	E	F	INJURED TAKEN TO			By			A B C D E F				
A	B	C	OFFENSE CHARGED AND DESCRIPTION			A B C D E F			A B C D E F				
O	ORC CITY ORD.	OFFENSE CHARGED AND DESCRIPTION			A B C D E F			A B C D E F					
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		A B C D E F			A B C D E F			
2021	2021	2024	2033	23	45		A B C D E F			A B C D E F			
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	A B C D E F			A B C D E F			A B C D E F		
3 10 29 14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Kry	119		A B C D E F			A B C D E F			A B C D E F		
State Ptl-012 2/13/03					A B C D E F			A B C D E F			A B C D E F		

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION